

<i>SERFF Tracking Number:</i>	<i>PHYS-126220183</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>42859</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>2010 Med Supp Plans</i>		
<i>Project Name/Number:</i>	<i>2010 Med Supp Plans/2010 Med Supp Plans</i>		

## Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: 2010 Med Supp Plans      SERFF Tr Num: PHYS-126220183      State: ArkansasLH

TOI: MS08I Individual Medicare Supplement -      SERFF Status: Closed      State Tr Num: 42859  
Standard Plans 2010

Sub-TOI: MS08I.001 Plan A 2010	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form/Rate	Co Status:	Reviewer(s): Stephanie Fowler
	Author: Kathryn Gurnett	Disposition Date: 08/12/2009
	Date Submitted: 07/08/2009	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date: 06/01/2010

State Filing Description:

## General Information

Project Name: 2010 Med Supp Plans  
Project Number: 2010 Med Supp Plans  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 08/12/2009

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 08/12/2009  
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE:    Physicians Mutual Insurance Company – NAIC 80578 - Group 367, FEIN 47-0270450

Individual Medicare Supplement

P020AR Medicare Supplement Plan A Policy

P025AR Medicare Supplement Plan F Policy

P026AR Medicare Supplement Plan G Policy

P027AR Medicare Supplement High Deductible Plan F Policy

B345 High Deductible Premium Discount Rider

A2010T-AR Medicare Supplement Application

C020-AR Medicare Supplement Cover Page

OC020-UNI Med. Supp. Outline of Coverage Plan A

OC025-UNI Med. Supp. Outline of Coverage Plan F

OC026-UNI Med. Supp. Outline of Coverage Plan G

OC027-UNI Med. Supp. Outline of Coverage High Deductible Plan F

OC025-HDR Med. Supp. Outline of Coverage Plan F w/ High Deductible Premium Discount Rider

Actuarial Memorandums

Rates: P020-AR-050109, P025-AR-050109, P026-AR-050109, P027-AR-050109, B345-AR-050109

In accordance with your revised Regulation, none of the new policies will be issued with effective dates prior to June 1, 2010.

High Deductible Premium Discount Rider B345 is an optional rider that will be offered with the P025AR Plan F policy. This concept was approved by your state September 30, 2008, in the Physicians Life Insurance Company filing of High Deductible Premium Discount Rider LR143. (SERFF Tracking Number PHYS-125825448)

We reserve the right to alter the format of the forms submitted without re-filing due to future technology changes, e.g. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for approval.

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<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>2010 Med Supp Plans</i>		
<i>Project Name/Number:</i>	<i>2010 Med Supp Plans/2010 Med Supp Plans</i>		

Your early review and approval of this filing is greatly appreciated. If there is anything I can do to facilitate the review and approval, please contact me via SERFF, or at the e-mail address or phone number listed below.

Sincerely,

Kathryn R. Gurnett, MBA, LTCP, CPCU, CLU, HIA, AAPA, AIRC, FLMI, CCP  
 Policy Approval and Compliance Coordinator  
 Government and Industry  
 Voice: (402) 633-1188  
 Fax: (402) 633-1096  
 E-mail: katie.gurnett@physiciansmutual.com

## Company and Contact

### Filing Contact Information

Kathryn Gurnett, Policy Approval & Compliance katie.gurnett@physiciansmutual.com  
 Coordinator  
 2600 Dodge Street (402) 633-1188 [Phone]  
 Omaha, NE 68131 (402) 633-1096[FAX]

### Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	

<i>SERFF Tracking Number:</i>	<i>PHYS-126220183</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>42859</i>
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<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
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<i>Project Name/Number:</i>	<i>2010 Med Supp Plans/2010 Med Supp Plans</i>		
<b>Per Company:</b>	<b>No</b>		

State: *Arkansas*

State Tracking Number: 42859

*Company Tracking Number:*

Sub-TOI: MS08I.001 Plan A 2010

Product Name: 2010 Med Supp Plans

Project Name/Number: 2010 Med Supp Plans/2010 Med Supp Plans

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$200.00	07/08/2009	29047964

SERFF Tracking Number:	PHYS-126220183	State:	Arkansas
Filing Company:	Physicians Mutual Insurance Company	State Tracking Number:	42859
Company Tracking Number:			
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010
Product Name:	2010 Med Supp Plans		
Project Name/Number:	2010 Med Supp Plans/2010 Med Supp Plans		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	08/12/2009	08/12/2009

<i>SERFF Tracking Number:</i>	<i>PHYS-126220183</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>42859</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>2010 Med Supp Plans</i>		
<i>Project Name/Number:</i>	<i>2010 Med Supp Plans/2010 Med Supp Plans</i>		

## **Disposition**

Disposition Date: 08/12/2009

Implementation Date: 06/01/2010

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHYS-126220183 State: Arkansas

Filing Company: Physicians Mutual Insurance Company State Tracking Number: 42859

Company Tracking Number:

TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010  
Standard Plans 2010

Product Name: 2010 Med Supp Plans

Project Name/Number: 2010 Med Supp Plans/2010 Med Supp Plans

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Outline of Coverage	Approved	Yes
Form	MED SUPP PLAN A	Approved	Yes
Form	MED SUPP PLAN F	Approved	Yes
Form	MED SUPP PLAN G	Approved	Yes
Form	MED SUPP HIGH DEDUCTIBLE PLAN F	Approved	Yes
Form	HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER	Approved	Yes
Form	APPLICATION	Approved	Yes
Form	MED SUPP OUTLINE COVER PAGE	Approved	Yes
Form	OUTLINE OF COV PLAN A	Approved	Yes
Form	OUTLINE OF COV PLAN F	Approved	Yes
Form	OUTLINE OF COV PLAN G	Approved	Yes
Form	OUTLINE OF COV HIGH DEDUCTIBLE PLAN F	Approved	Yes
Form	OUTLINE OF COV PLAN F W/ HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER	Approved	Yes
Rate	P020-AR-050109	Approved	Yes
Rate	P025-AR-050109, P027-AR-050109, B345-AR-050109	Approved	Yes
Rate	P026-AR-050109	Approved	Yes



SERFF Tracking Number: PHYS-126220183 State: Arkansas

Filing Company: Physicians Mutual Insurance Company State Tracking Number: 42859

Company Tracking Number:

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
Standard Plans 2010

Product Name: 2010 Med Supp Plans

Project Name/Number: 2010 Med Supp Plans/2010 Med Supp Plans

## Form Schedule

Lead Form Number: P020AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	P020AR	Policy/Cont	MED SUPP PLAN A ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	P020AR.pdf P020AR Schedule.pdf
Approved	P025AR	Policy/Cont	MED SUPP PLAN F ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	P025AR.pdf P025AR Sched w B345.pdf
Approved	P026AR	Policy/Cont	MED SUPP PLAN G ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	P026AR.pdf P026AR Schedule.pdf
Approved	P027AR	Policy/Cont	MED SUPP HIGH ract/Fratern DEDUCTIBLE PLAN al F Certificate:	Initial		51	P027AR.pdf P027AR Schedule.pdf

SERFF Tracking Number:	PHYS-126220183	State:	Arkansas	
Filing Company:	Physicians Mutual Insurance Company	State Tracking Number:	42859	
Company Tracking Number:				
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010	
Product Name:	2010 Med Supp Plans			
Project Name/Number:	2010 Med Supp Plans/2010 Med Supp Plans Amendmen t, Insert Page, Endorseme nt or Rider			
Approved	B345	Policy/Cont HIGH DEDUCTIBLE Initial ract/Fratern PREMIUM al DISCOUNT RIDER Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	49	B345 Rider.pdf
Approved	A2010T-AR	Application/ APPLICATION Enrollment Form	54	A2010T- AR.pdf
Approved	C020-AR	Outline of MED SUPP Coverage OUTLINE COVER PAGE	0	C020-AR.pdf
Approved	OC020-UNI	Outline of OULINE OF COV Coverage PLAN A	0	OC020- UNI.pdf
Approved	OC025-UNI	Outline of OUTLINE OF COV Coverage PLAN F	0	OC025- UNI.pdf
Approved	OC026-UNI	Outline of OUTLINE OF COV Coverage PLAN G	0	OC026- UNI.pdf
Approved	OC027-UNI	Outline of OUTLINE OF COV Coverage HIGH DEDUCTIBLE PLAN F	0	OC027- UNI.pdf
Approved	OC025- HDR	Outline of OUTLINE OF COV Coverage PLAN F W/ HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER	0	OC025- HDR.pdf



# PHYSICIANS MUTUAL INSURANCE COMPANY

## 2600 DODGE ST. OMAHA, NE 68131

### MEDICARE SUPPLEMENT PLAN A POLICY

**Notice to Buyer:** This Policy may not cover all of Your medical expenses.

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Guaranteed Renewal Agreement	Page 1	Definitions	Page 4
Benefits	Page 3	General Provisions	Page 4
Policy Limitations	Page 3		

**Consideration:** This Policy is issued in consideration of the Application and payment of the first premium.

#### IMPORTANT NOTICES

**Entire Contract; Changes:** This Contract is between Physicians Mutual Insurance Company (“We”, “Us”, “Our”, or “Company”) and the Insured shown on the Schedule (“You”, “Your”, or “Insured”). The entire contract is the Policy, the Schedule, the Application and any riders signed by a Company Officer. No change in this Policy will be effective until approved by a Company Officer. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions. All statements made in the Application are deemed representations and not warranties.

**30 Day Right To Examine The Policy:** If You return the Policy within 30 days after You receive it, We will return Your money. Then, the Policy is void as if no Policy had been issued.

**Read Your Application:** Be sure Your Application is correct and complete. We rely on all statements made by You or for You on the Application You signed. If any statement is incorrect or incomplete, notify Us immediately. Unless corrected, Your Policy may be void.

#### GUARANTEED RENEWAL AGREEMENT

**Guaranteed Renewable With Timely Payment:** You can keep Your Policy in force as long as You pay Your Renewal Premiums on time. When We receive Your Renewal Premium before the Grace Period ends, We must accept it. Renewal Premium means any Policy premium due Us after Your first premium payment has been made.

**Premium Changes:** We may change Your Renewal Premium, only if We make the same change for all policies of this form and class in the State where You live.

We will not increase Your premium earlier than 12 months after the Effective Date of this Policy, nor will We increase Your premium more than once in any 12 month period after 12 months from the Effective Date of this Policy, unless You no longer qualify for a premium discount.

**Grace Period:** You have 31 days after the due date to pay each Renewal Premium. The Policy stays in effect during this Grace Period.

**Late Payment Lapse:** If We do not receive Your Renewal Premium before the Grace Period ends, Your coverage stops at the end of the Grace Period. This is a Lapse and Your Policy is no longer in force.

**Reinstatement:** If Your Policy Lapses, We may or may not put it back in force (reinstate) at our option. If We accept a late premium and do not require an application, Your Policy is reinstated. If We require an application, Your Policy is reinstated when We approve the application, or (unless We have already disapproved it in writing) on the 45th day after We receive the application.

The reinstated Policy is in force to cover loss that starts after the reinstatement. In all other respects, the Policy remains the same except for any provisions noted on or attached to the reinstated Policy.

**Changes in Medicare:** Any benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment, and coinsurance amounts. Your premiums may be modified to correspond with such changes.

**Extension of Benefits:** Termination shall be without prejudice to any continuous loss which began while the Policy was in force. Any extension of benefits beyond that time may be conditional upon the continuous total disability of the Insured, limited to the appropriate benefit period or payment of maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

**Medicaid Suspension:** The benefits and premiums under this Policy will be suspended during Your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If You are no longer entitled to Medicaid, Your Policy will be reinstituted if requested within 90 days of losing Medicaid eligibility.

**Group Health Plan Suspension:** The benefits and premiums under this Policy will be suspended at Your request if You are entitled to benefits under Section 226(b) of the Social Security Act (disabled under age 65) and are covered under a group health plan as defined in Section 1862(b)(1)(A)(v) of the Social Security Act (group health insurance coverage with an employer that has 20 or more employees). If You then lose coverage under Your group health plan, Your Policy will be reinstituted automatically effective as of the date of Your group health plan termination. You must notify Us of the coverage termination within 90 days after the date of coverage termination and pay the premium attributable to the period.

## BENEFITS

This Policy is designed to supplement the Federal Medicare Program. You must have Medicare as primary coverage for this Policy to supplement. If You are not enrolled in Part B of Medicare, We will pay benefits as if You were enrolled.

Your Policy benefits will be adjusted whenever Medicare changes its benefits. We may adjust the Renewal Premium accordingly, subject to the Premium Changes provision.

If You incur expenses, We will pay benefits as follows:

**Inpatient Hospital Benefit:** We will pay the Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

**Additional Inpatient Hospital Benefit:** We will pay for Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

**Lifetime Maximum Inpatient Hospital Benefit:** Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, We will pay 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider will accept Our payment as payment in full and may not bill You for any balance.

**Blood:** We will pay for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), covered under Medicare Parts A and B, unless replaced in accordance with federal regulations.

**Medical Benefits:** We will pay the co-insurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

**Hospice Care:** We will pay the cost sharing for all Part A Medicare eligible Hospice Care and Respite Care expenses.

## POLICY LIMITATIONS

We will not pay for:

- (a) confinement that begins or expenses incurred while Your Policy is not in force.
- (b) services of the type not covered by Medicare, unless specifically provided by the Policy.

## PAYMENT OF CLAIMS

**Notice of Claim:** Written notice of claim must be given within 20 days after a covered accident or sickness or as soon as reasonably possible. Written notice should include Your name and Policy number and should be sent to Physicians Mutual Insurance Company, P.O. Box 2018, Omaha, NE 68131.

**Claim Forms:** We will send You claim forms after We receive notice of claim. For a continuing loss We will furnish forms with each periodic benefit payment. If We do not furnish forms within 15 days, You can submit proof of loss (a written statement of the nature and extent of the loss) without using our claim forms.

**Proof of Loss:** We require written proof that a claim exists within the terms of Your Policy. Except in the absence of legal capacity, such proof must be given no later than 15 months from the date of loss.

**Time of Payment:** We will pay all claims due as soon as We have valid proof.

**Payment of Claims:** We will pay the benefits to You, unless You assign the benefits to another. If, at the time of Your death, there is an unpaid benefit, We will pay it to Your estate; however, We may pay up to \$1,000 of it to any relative by blood or connection by marriage We find entitled. Our obligation is satisfied to the extent of such payment.

## DEFINITIONS

**Accident** means accidental bodily injury sustained by You, which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause, and occurs while Your Policy is in force.

**Calendar Year** is as defined in the Medicare program.

**Hospice Care** is as defined in the Medicare program.

**Hospital** is as defined in the Medicare program.

**Medicare** means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended, or Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof.

**Medicare Benefit Period** is as defined in the Medicare program.

**Medicare Eligible Expenses** means expenses of the kinds covered by Medicare Parts A and B to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** is as defined in the Medicare program.

**Respite Care** is as defined in the Medicare program.

**Sickness** means Your illness or disease.

**Skilled Nursing Facility** is as defined in the Medicare program.

## GENERAL PROVISIONS

**Time Limit on Certain Defenses:** After two years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by the applicant in the Application for such Policy shall be used to void the Policy or to deny a claim for loss incurred after the expiration of such two-year period.

No claim for loss commencing after the Policy Effective Date should be reduced or denied on the grounds that a disease or physical condition existed prior to the Policy Effective Date.

**Misstatement Of Age:** If Your age was misstated and a different premium would have been charged, the benefits will be adjusted to what the premium paid would have purchased using the correct age.

**Refund of Unearned Premiums:** If You die while Your Policy is in force, We will refund any unearned premium paid for any period beyond the end of the Policy month in which the death occurred. Any unearned premium will be paid no later than 30 days after We receive proof of Your death.

**Legal Actions:** You can't bring a legal action to recover under the Policy: (a) until 60 days after You have given written proof of loss, or (b) more than three years after the date proof of loss is required.

**Other Insurance With This Company:** You may have only one Medicare Supplement Policy with us. If, in error, We issue more than one, You, Your beneficiary, or Your estate may select the Policy to remain in force. We will refund the money You paid on the other Policy, less the amount of claims paid.

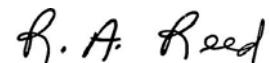
**Conformity With State Statutes:** Any provision of this Policy in conflict with the laws of the state where You reside on its Effective Date is Amended to the minimum requirements of those laws.

**Policy Issue - First Premium:** If the First Premium shown in the Schedule has been paid, this Policy goes into effect on the Effective Date shown in the Schedule.

**Periods of Insurance:** All periods of insurance begin and end at 12:01 A.M., Standard Time at Your residence.

**Dividends:** This Policy is non-participating and does not pay dividends.

Physicians Mutual Insurance Company,

A handwritten signature in black ink that reads "R. A. Reed". The signature is written in a cursive style with a large, stylized "R" and "A".

President



# SCHEDULE

## PLAN A

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	06/01/2010		
First Renewal Date	07/01/2010		
First Premium	\$X,XXX.XX		
			Renewal Premium
	*ABW		\$XXX.XX
Name of Insured:	*Monthly		\$XXX.XX
	*Quarterly		\$X,XXX.XX
John Q. Doe	*Semi-annual		\$X,XXX.XX
	*Annual		\$X,XXX.XX

## PLAN A PAYS:

### PART A BENEFITS -

Co-insurance – 61<sup>st</sup> to 90<sup>th</sup> day

Co-insurance – 91<sup>st</sup> to 150<sup>th</sup> day  
(Lifetime reserve days)

Pays the same benefits that Medicare was  
paying when benefits exhausted  
(Maximum of 365 days)

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan A Medicare Supplement Policy.  
See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [The effective date shown above.]

\*Subject to premium changes provision.

### PART B BENEFITS -

Generally 20% of Medicare Eligible Expenses  
(Subject to Medicare Part B deductible)

First three pints of blood

# PHYSICIANS MUTUAL INSURANCE COMPANY

## 2600 DODGE ST. OMAHA, NE 68131

### MEDICARE SUPPLEMENT PLAN F POLICY

**Notice to Buyer:** This Policy may not cover all of Your medical expenses.

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Benefits	Page 3	Definitions	Page 4
Basic Benefits	Page 3	General Provisions	Page 5
Additional Benefits	Page 3		

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#### IMPORTANT NOTICES

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**30 Day Right To Examine The Policy:** If You return the Policy within 30 days after You receive it, We will return Your money. Then, the Policy is void as if no Policy had been issued.

**Read Your Application:** Be sure Your Application is correct and complete. We rely on all statements made by You or for You on the Application You signed. If any statement is incorrect or incomplete, notify Us immediately. Unless corrected, Your Policy may be void.

#### GUARANTEED RENEWAL AGREEMENT

**Guaranteed Renewable With Timely Payment:** You can keep Your Policy in force as long as You pay Your Renewal Premiums on time. When We receive Your Renewal Premium before the Grace Period ends, We must accept it. Renewal Premium means any Policy premium due Us after Your first premium payment has been made.

**Premium Changes:** We may change Your Renewal Premium, only if We make the same change for all policies of this form and class in the State where You live.

We will not increase Your premium earlier than 12 months after the Effective Date of this Policy, nor will We increase Your premium more than once in any 12 month period after 12 months from the Effective Date of this Policy, unless You no longer qualify for a premium discount.

**Grace Period:** You have 31 days after the due date to pay each Renewal Premium. The Policy stays in effect during this Grace Period.

**Late Payment Lapse:** If We do not receive Your Renewal Premium before the Grace Period ends, Your coverage stops at the end of the Grace Period. This is a Lapse and Your Policy is no longer in force.

**Reinstatement:** If Your Policy Lapses, We may or may not put it back in force (reinstate) at our option. If We accept a late premium and do not require an application, Your Policy is reinstated. If We require an application, Your Policy is reinstated when We approve the application, or (unless We have already disapproved it in writing) on the 45th day after We receive the application.

The reinstated Policy is in force to cover loss that starts after the reinstatement. In all other respects, the Policy remains the same except for any provisions noted on or attached to the reinstated Policy.

**Changes in Medicare:** Any benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment, and coinsurance amounts. Your premiums may be modified to correspond with such changes.

**Extension of Benefits:** Termination shall be without prejudice to any continuous loss which began while the Policy was in force. Any extension of benefits beyond that time may be conditional upon the continuous total disability of the Insured, limited to the appropriate benefit period or payment of maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

**Medicaid Suspension:** The benefits and premiums under this Policy will be suspended during Your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If You are no longer entitled to Medicaid, Your Policy will be reinstituted if requested within 90 days of losing Medicaid eligibility.

**Group Health Plan Suspension:** The benefits and premiums under this Policy will be suspended at Your request if You are entitled to benefits under Section 226(b) of the Social Security Act (disabled under age 65) and are covered under a group health plan as defined in Section 1862(b)(1)(A)(v) of the Social Security Act (group health insurance coverage with an employer that has 20 or more employees). If You then lose coverage under Your group health plan, Your Policy will be reinstituted automatically effective as of the date of Your group health plan termination. You must notify Us of the coverage termination within 90 days after the date of coverage termination and pay the premium attributable to the period.

## **BENEFITS**

This Policy is designed to supplement the Federal Medicare Program. You must have Medicare as primary coverage for this Policy to supplement. If You are not enrolled in Part B of Medicare, We will pay benefits as if You were enrolled.

Your Policy benefits will be adjusted whenever Medicare changes its benefits. We may adjust the Renewal Premium accordingly, subject to the Premium Changes provision.

If You incur expenses, We will pay benefits as follows:

### **BASIC BENEFITS**

**Inpatient Hospital Benefit:** We will pay the Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

**Additional Inpatient Hospital Benefit:** We will pay for Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

**Lifetime Maximum Inpatient Hospital Benefit:** Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, We will pay 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider will accept Our payment as payment in full and may not bill You for any balance.

**Blood:** We will pay for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), covered under Medicare Parts A and B, unless replaced in accordance with federal regulations.

**Medical Benefits:** We will pay the co-insurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

**Hospice Care:** We will pay the cost sharing for all Part A Medicare eligible Hospice Care and Respite Care expenses.

### **ADDITIONAL BENEFITS**

**Medicare Part A Deductible:** We will pay the Medicare Part A inpatient Hospital deductible amount per Medicare Benefit Period.

**Skilled Nursing Facility Care:** We will pay the actual billed charges up to the co-insurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

**Medicare Part B Deductible:** We will pay the Medicare Part B deductible amount per Calendar Year regardless of Hospital confinement.

**100% of the Medicare Part B Excess Charges:** We will pay all of the difference between the actual Medicare Part B charge as billed, not to exceed any charged limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

**Foreign Travel Emergency:** We will pay to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a Calendar Year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, “emergency care” shall mean care needed immediately because of an Accident or a Sickness of sudden or unexpected onset.

### **POLICY LIMITATIONS**

We will not pay for:

- (a) confinement that begins or expenses incurred while Your Policy is not in force.
- (b) services of the type not covered by Medicare, unless specifically provided by the Policy.

### **PAYMENT OF CLAIMS**

**Notice of Claim:** Written notice of claim must be given within 20 days after a covered accident or sickness or as soon as reasonably possible. Written notice should include Your name and Policy number and should be sent to Physicians Mutual Insurance Company, P.O. Box 2018, Omaha, NE 68131.

**Claim Forms:** We will send You claim forms after We receive notice of claim. For a continuing loss We will furnish forms with each periodic benefit payment. If We do not furnish forms within 15 days, You can submit proof of loss (a written statement of the nature and extent of the loss) without using our claim forms.

**Proof of Loss:** We require written proof that a claim exists within the terms of Your Policy. Except in the absence of legal capacity, such proof must be given no later than 15 months from the date of loss.

**Time of Payment:** We will pay all claims due as soon as We have valid proof.

**Payment of Claims:** We will pay the benefits to You, unless You assign the benefits to another. If, at the time of Your death, there is an unpaid benefit, We will pay it to Your estate; however, We may pay up to \$1,000 of it to any relative by blood or connection by marriage We find entitled. Our obligation is satisfied to the extent of such payment.

### **DEFINITIONS**

**Accident** means accidental bodily injury sustained by You, which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause, and occurs while Your Policy is in force.

**Calendar Year** is as defined in the Medicare program.

**Hospice Care** is as defined in the Medicare program.

**Hospital** is as defined in the Medicare program.

**Medicare** means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended, or Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof.

**Medicare Benefit Period** is as defined in the Medicare program.

**Medicare Eligible Expenses** means expenses of the kinds covered by Medicare Parts A and B to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** is as defined in the Medicare program.

**Respite Care** is as defined in the Medicare program.

**Sickness** means Your illness or disease.

**Skilled Nursing Facility** is as defined in the Medicare program.

## **GENERAL PROVISIONS**

**Time Limit on Certain Defenses:** After two years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by the applicant in the Application for such Policy shall be used to void the Policy or to deny a claim for loss incurred after the expiration of such two-year period.

No claim for loss commencing after the Policy Effective Date should be reduced or denied on the grounds that a disease or physical condition existed prior to the Policy Effective Date.

**Misstatement Of Age:** If Your age was misstated and a different premium would have been charged, the benefits will be adjusted to what the premium paid would have purchased using the correct age.

**Refund of Unearned Premiums:** If You die while Your policy is in force, We will refund any unearned premium paid for any period beyond the end of the policy month in which the death occurred. Any unearned premium will be paid no later than 30 days after We receive proof of Your death.

**Legal Actions:** You can't bring a legal action to recover under the Policy: (a) until 60 days after You have given written proof of loss, or (b) more than three years after the date proof of loss is required.

**Other Insurance With This Company:** You may have only one Medicare Supplement Policy with us. If, in error, We issue more than one, You, Your beneficiary, or Your estate may select the Policy to remain in force. We will refund the money You paid on the other Policy, less the amount of claims paid.

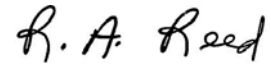
**Conformity With State Statutes:** Any provision of this Policy in conflict with the laws of the state where You reside on its Effective Date is Amended to the minimum requirements of those laws.

**Policy Issue - First Premium:** If the First Premium shown in the Schedule has been paid, this Policy goes into effect on the Effective Date shown in the Schedule.

**Periods of Insurance:** All periods of insurance begin and end at 12:01 A.M., Standard Time at Your residence.

**Dividends:** This Policy is non-participating and does not pay dividends.

Physicians Mutual Insurance Company,

A handwritten signature in black ink that reads "R. A. Reed". The signature is written in a cursive style with a large, stylized "R" and "A".

President

# SCHEDULE

## PLAN F

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	06/01/2010		
First Renewal Date	07/01/2010		
First Premium	\$X,XXX.XX		

		Renewal Premium
	*ABW	\$XXX.XX
Name of Insured:	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-Annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

### PLAN F PAYS:

#### PART A BENEFITS -

Part A deductible amount per Medicare  
Benefit Period

Co-insurance – 61<sup>st</sup> to 90<sup>th</sup> day

Co-insurance – 91<sup>st</sup> to 150<sup>th</sup> day  
(Lifetime reserve days)

Pays the same benefits that Medicare was  
paying when benefits exhausted  
(Maximum of 365 days)

Co-insurance for Skilled Nursing  
Facility Care – 21<sup>st</sup> to 100<sup>th</sup> day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan F Medicare Supplement Policy.  
See your Policy for complete descriptions of benefits.

#### HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER (B345):

Plan F benefits are subject to the High Deductible

High Deductible for [2010]: [\$2,000.00] (Subject to change annually)

High Deductible Elimination Date: [01/01/2014]

The information shown on this schedule is current as of [The effective date shown above.]

\*Subject to premium changes provision.



# PHYSICIANS MUTUAL INSURANCE COMPANY

## 2600 DODGE ST. OMAHA, NE 68131

### MEDICARE SUPPLEMENT PLAN G POLICY

**Notice to Buyer:** This Policy may not cover all of Your medical expenses.

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**Consideration:** This Policy is issued in consideration of the Application and payment of the first premium.

#### IMPORTANT NOTICES

**Entire Contract; Changes:** This Contract is between Physicians Mutual Insurance Company (“We”, “Us”, “Our”, or “Company”) and the Insured shown on the Schedule (“You”, “Your”, or “Insured”). The entire contract is the Policy, the Schedule, the Application and any riders signed by a Company Officer. No change in this Policy will be effective until approved by a Company Officer. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions. All statements made in the Application are deemed representations and not warranties.

**30 Day Right To Examine The Policy:** If You return the Policy within 30 days after You receive it, We will return Your money. Then, the Policy is void as if no Policy had been issued.

**Read Your Application:** Be sure Your Application is correct and complete. We rely on all statements made by You or for You on the Application You signed. If any statement is incorrect or incomplete, notify Us immediately. Unless corrected, Your Policy may be void.

#### GUARANTEED RENEWAL AGREEMENT

**Guaranteed Renewable With Timely Payment:** You can keep Your Policy in force as long as You pay Your Renewal Premiums on time. When We receive Your Renewal Premium before the Grace Period ends, We must accept it. Renewal Premium means any Policy premium due Us after Your first premium payment has been made.

**Premium Changes:** We may change Your Renewal Premium, only if We make the same change for all policies of this form and class in the State where You live.

We will not increase Your premium earlier than 12 months after the Effective Date of this Policy, nor will We increase Your premium more than once in any 12 month period after 12 months from the Effective Date of this Policy, unless You no longer qualify for a premium discount.

**Grace Period:** You have 31 days after the due date to pay each Renewal Premium. The Policy stays in effect during this Grace Period.

**Late Payment Lapse:** If We do not receive Your Renewal Premium before the Grace Period ends, Your coverage stops at the end of the Grace Period. This is a Lapse and Your Policy is no longer in force.

**Reinstatement:** If Your Policy Lapses, We may or may not put it back in force (reinstate) at our option. If We accept a late premium and do not require an application, Your Policy is reinstated. If We require an application, Your Policy is reinstated when We approve the application, or (unless We have already disapproved it in writing) on the 45th day after We receive the application.

The reinstated Policy is in force to cover loss that starts after the reinstatement. In all other respects, the Policy remains the same except for any provisions noted on or attached to the reinstated Policy.

**Changes in Medicare:** Any benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment, and coinsurance amounts. Your premiums may be modified to correspond with such changes.

**Extension of Benefits:** Termination shall be without prejudice to any continuous loss which began while the Policy was in force. Any extension of benefits beyond that time may be conditional upon the continuous total disability of the Insured, limited to the appropriate benefit period or payment of maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

**Medicaid Suspension:** The benefits and premiums under this Policy will be suspended during Your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If You are no longer entitled to Medicaid, Your Policy will be reinstituted if requested within 90 days of losing Medicaid eligibility.

**Group Health Plan Suspension:** The benefits and premiums under this Policy will be suspended at Your request if You are entitled to benefits under Section 226(b) of the Social Security Act (disabled under age 65) and are covered under a group health plan as defined in Section 1862(b)(1)(A)(v) of the Social Security Act (group health insurance coverage with an employer that has 20 or more employees). If You then lose coverage under Your group health plan, Your Policy will be reinstituted automatically effective as of the date of Your group health plan termination. You must notify Us of the coverage termination within 90 days after the date of coverage termination and pay the premium attributable to the period.

## BENEFITS

This Policy is designed to supplement the Federal Medicare Program. You must have Medicare as primary coverage for this Policy to supplement. If You are not enrolled in Part B of Medicare, We will pay benefits as if You were enrolled.

Your Policy benefits will be adjusted whenever Medicare changes its benefits. We may adjust the Renewal Premium accordingly, subject to the Premium Changes provision.

If You incur expenses, We will pay benefits as follows:

### BASIC BENEFITS

**Inpatient Hospital Benefit:** We will pay the Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

**Additional Inpatient Hospital Benefit:** We will pay for Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

**Lifetime Maximum Inpatient Hospital Benefit:** Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, We will pay 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider will accept Our payment as payment in full and may not bill You for any balance.

**Blood:** We will pay for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), covered under Medicare Parts A and B, unless replaced in accordance with federal regulations.

**Medical Benefits:** We will pay the co-insurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

**Hospice Care:** We will pay the cost sharing for all Part A Medicare eligible Hospice Care and Respite Care expenses.

### ADDITIONAL BENEFITS

**Medicare Part A Deductible:** We will pay the Medicare Part A inpatient Hospital deductible amount per Medicare Benefit Period.

**Skilled Nursing Facility Care:** We will pay the actual billed charges up to the co-insurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

**100% of the Medicare Part B Excess Charges:** We will pay all of the difference between the actual Medicare Part B charge as billed, not to exceed any charged limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

**Foreign Travel Emergency:** We will pay to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a Calendar Year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an Accident or a Sickness of sudden or unexpected onset.

### **POLICY LIMITATIONS**

We will not pay for:

- (a) confinement that begins or expenses incurred while Your Policy is not in force.
- (b) services of the type not covered by Medicare, unless specifically provided by the Policy.

### **PAYMENT OF CLAIMS**

**Notice of Claim:** Written notice of claim must be given within 20 days after a covered accident or sickness or as soon as reasonably possible. Written notice should include Your name and Policy number and should be sent to Physicians Mutual Insurance Company, P.O. Box 2018, Omaha, NE 68131.

**Claim Forms:** We will send You claim forms after We receive notice of claim. For a continuing loss We will furnish forms with each periodic benefit payment. If We do not furnish forms within 15 days, You can submit proof of loss (a written statement of the nature and extent of the loss) without using our claim forms.

**Proof of Loss:** We require written proof that a claim exists within the terms of Your Policy. Except in the absence of legal capacity, such proof must be given no later than 15 months from the date of loss.

**Time of Payment:** We will pay all claims due as soon as We have valid proof.

**Payment of Claims:** We will pay the benefits to You, unless You assign the benefits to another. If, at the time of Your death, there is an unpaid benefit, We will pay it to Your estate; however, We may pay up to \$1,000 of it to any relative by blood or connection by marriage We find entitled. Our obligation is satisfied to the extent of such payment.

### **DEFINITIONS**

**Accident** means accidental bodily injury sustained by You, which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause, and occurs while Your Policy is in force.

**Calendar Year** is as defined in the Medicare program.

**Hospice Care** is as defined in the Medicare program.

**Hospital** is as defined in the Medicare program.

**Medicare** means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended, or Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof.

**Medicare Benefit Period** is as defined in the Medicare program.

**Medicare Eligible Expenses** means expenses of the kinds covered by Medicare Parts A and B to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** is as defined in the Medicare program.

**Respite Care** is as defined in the Medicare program.

**Sickness** means Your illness or disease.

**Skilled Nursing Facility** is as defined in the Medicare program.

## **GENERAL PROVISIONS**

**Time Limit on Certain Defenses:** After two years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by the applicant in the Application for such Policy shall be used to void the Policy or to deny a claim for loss incurred after the expiration of such two-year period.

No claim for loss commencing after the Policy Effective Date should be reduced or denied on the grounds that a disease or physical condition existed prior to the Policy Effective Date.

**Misstatement Of Age:** If Your age was misstated and a different premium would have been charged, the benefits will be adjusted to what the premium paid would have purchased using the correct age.

**Refund of Unearned Premiums:** If You die while Your policy is in force, We will refund any unearned premium paid for any period beyond the end of the policy month in which the death occurred. Any unearned premium will be paid no later than 30 days after We receive proof of Your death.

**Legal Actions:** You can't bring a legal action to recover under the Policy: (a) until 60 days after You have given written proof of loss, or (b) more than three years after the date proof of loss is required.

**Other Insurance With This Company:** You may have only one Medicare Supplement Policy with us. If, in error, We issue more than one, You, Your beneficiary, or Your estate may select the Policy to remain in force. We will refund the money You paid on the other Policy, less the amount of claims paid.

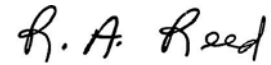
**Conformity With State Statutes:** Any provision of this Policy in conflict with the laws of the state where You reside on its Effective Date is Amended to the minimum requirements of those laws.

**Policy Issue - First Premium:** If the First Premium shown in the Schedule has been paid, this Policy goes into effect on the Effective Date shown in the Schedule.

**Periods of Insurance:** All periods of insurance begin and end at 12:01 A.M., Standard Time at Your residence.

**Dividends:** This Policy is non-participating and does not pay dividends.

Physicians Mutual Insurance Company,

A handwritten signature in black ink that reads "R. A. Reed". The signature is written in a cursive style with a large, stylized "R" and "A".

President

# SCHEDULE

## PLAN G

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	06/01/2010		
First Renewal Date	07/01/2010		
First Premium	\$X,XXX.XX		
			Renewal Premium
	*ABW		\$XXX.XX
Name of Insured:	*Monthly		\$XXX.XX
	*Quarterly		\$X,XXX.XX
John Q. Doe	*Semi-annual		\$X,XXX.XX
	*Annual		\$X,XXX.XX

## PLAN G PAYS:

### PART A BENEFITS -

Part A deductible amount per Medicare  
Benefit Period

Co-insurance – 61<sup>st</sup> to 90<sup>th</sup> day

Co-insurance – 91<sup>st</sup> to 150<sup>th</sup> day  
(Lifetime reserve days)

Pays the same benefits that Medicare was  
paying when benefits exhausted  
(Maximum of 365 days)

Co-insurance for Skilled Nursing  
Facility Care – 21<sup>st</sup> to 100<sup>th</sup> day

First three pints of blood

Hospice Care cost sharing

### PART B BENEFITS -

Generally 20% of Medicare Eligible Expenses  
(Subject to Medicare Part B deductible)

100% of the Medicare Part B Excess Charges

First three pints of blood

Foreign Travel Emergency medical benefits –  
80% to a lifetime maximum of \$50,000

These are just brief descriptions of the benefits payable under the Plan G Medicare Supplement Policy.  
See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [The effective date shown above.]

\*Subject to premium changes provision.

# PHYSICIANS MUTUAL INSURANCE COMPANY

## 2600 DODGE ST. OMAHA, NE 68131

### MEDICARE SUPPLEMENT HIGH DEDUCTIBLE PLAN F POLICY

**Notice to Buyer:** This Policy may not cover all of Your medical expenses.

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**Consideration:** This Policy is issued in consideration of the Application and payment of the first premium.

#### IMPORTANT NOTICES

**Entire Contract; Changes:** This Contract is between Physicians Mutual Insurance Company (“We”, “Us”, “Our”, or “Company”) and the Insured shown on the Schedule (“You”, “Your”, or “Insured”). The entire contract is the Policy, the Schedule, the Application and any riders signed by a Company Officer. No change in this Policy will be effective until approved by a Company Officer. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions. All statements made in the Application are deemed representations and not warranties.

**30 Day Right To Examine The Policy:** If You return the Policy within 30 days after You receive it, We will return Your money. Then, the Policy is void as if no Policy had been issued.

**Read Your Application:** Be sure Your Application is correct and complete. We rely on all statements made by You or for You on the Application You signed. If any statement is incorrect or incomplete, notify Us immediately. Unless corrected, Your Policy may be void.

#### GUARANTEED RENEWAL AGREEMENT

**Guaranteed Renewable With Timely Payment:** You can keep Your Policy in force as long as You pay Your Renewal Premiums on time. When We receive Your Renewal Premium before the Grace Period ends, We must accept it. Renewal Premium means any Policy premium due Us after Your first premium payment has been made.



**Premium Changes:** We may change Your Renewal Premium, only if We make the same change for all policies of this form and class in the State where You live.

We will not increase Your premium earlier than 12 months after the Effective Date of this Policy, nor will We increase Your premium more than once in any 12 month period after 12 months from the Effective Date of this Policy, unless You no longer qualify for a premium discount.

**Grace Period:** You have 31 days after the due date to pay each Renewal Premium. The Policy stays in effect during this Grace Period.

**Late Payment Lapse:** If We do not receive Your Renewal Premium before the Grace Period ends, Your coverage stops at the end of the Grace Period. This is a Lapse and Your Policy is no longer in force.

**Reinstatement:** If Your Policy Lapses, We may or may not put it back in force (reinstate) at our option. If We accept a late premium and do not require an application, Your Policy is reinstated. If We require an application, Your Policy is reinstated when We approve the application, or (unless We have already disapproved it in writing) on the 45th day after We receive the application.

The reinstated Policy is in force to cover loss that starts after the reinstatement. In all other respects, the Policy remains the same except for any provisions noted on or attached to the reinstated Policy.

**Changes in Medicare:** Any benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment, and coinsurance amounts. Your premiums may be modified to correspond with such changes.

**Extension of Benefits:** Termination shall be without prejudice to any continuous loss which began while the Policy was in force. Any extension of benefits beyond that time may be conditional upon the continuous total disability of the Insured, limited to the appropriate benefit period or payment of maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

**Medicaid Suspension:** The benefits and premiums under this Policy will be suspended during Your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If You are no longer entitled to Medicaid, Your Policy will be reinstituted if requested within 90 days of losing Medicaid eligibility.

**Group Health Plan Suspension:** The benefits and premiums under this Policy will be suspended at Your request if You are entitled to benefits under Section 226(b) of the Social Security Act (disabled under age 65) and are covered under a group health plan as defined in Section 1862(b)(1)(A)(v) of the Social Security Act (group health insurance coverage with an employer that has 20 or more employees). If You then lose coverage under Your group health plan, Your Policy will be reinstituted automatically effective as of the date of Your group health plan termination. You must notify Us of the coverage termination within 90 days after the date of coverage termination and pay the premium attributable to the period.

## **BENEFITS**

This Policy is designed to supplement the Federal Medicare Program. You must have Medicare as primary coverage for this Policy to supplement. If You are not enrolled in Part B of Medicare, We will pay benefits as if You were enrolled.

Your Policy benefits will be adjusted whenever Medicare changes its benefits. We may adjust the Renewal Premium accordingly, subject to the Premium Changes provision.

**AFTER YOU SATISFY THE HIGH DEDUCTIBLE FOR EACH CALENDAR YEAR, WE WILL PAY BENEFITS AS FOLLOWS:**

### **BASIC BENEFITS**

**Inpatient Hospital Benefit:** We will pay the Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

**Additional Inpatient Hospital Benefit:** We will pay for Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

**Lifetime Maximum Inpatient Hospital Benefit:** Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, We will pay 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider will accept Our payment as payment in full and may not bill You for any balance.

**Blood:** We will pay for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), covered under Medicare Parts A and B, unless replaced in accordance with federal regulations.

**Medical Benefits:** We will pay the co-insurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

**Hospice Care:** We will pay the cost sharing for all Part A Medicare eligible Hospice Care and Respite Care expenses.

### **ADDITIONAL BENEFITS**

**Medicare Part A Deductible:** We will pay the Medicare Part A inpatient Hospital deductible amount per Medicare Benefit Period.

**Skilled Nursing Facility Care:** We will pay the actual billed charges up to the co-insurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

**Medicare Part B Deductible:** We will pay the Medicare Part B deductible amount per Calendar Year regardless of Hospital confinement.

**100% of the Medicare Part B Excess Charges:** We will pay all of the difference between the actual Medicare Part B charge as billed, not to exceed any charged limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

**Foreign Travel Emergency:** We will pay to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a Calendar Year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an Accident or a Sickness of sudden or unexpected onset.

### **POLICY LIMITATIONS**

We will not pay for:

- (a) confinement that begins or expenses incurred while Your Policy is not in force.
- (b) services of the type not covered by Medicare, unless specifically provided by the Policy.

### **PAYMENT OF CLAIMS**

**Notice of Claim:** Written notice of claim must be given within 20 days after a covered accident or sickness or as soon as reasonably possible. Written notice should include Your name and Policy number and should be sent to Physicians Mutual Insurance Company, P.O. Box 2018, Omaha, NE 68131.

**Claim Forms:** We will send You claim forms after We receive notice of claim. For a continuing loss We will furnish forms with each periodic benefit payment. If We do not furnish forms within 15 days, You can submit proof of loss (a written statement of the nature and extent of the loss) without using our claim forms.

**Proof of Loss:** We require written proof that a claim exists within the terms of Your Policy. Except in the absence of legal capacity, such proof must be given no later than 15 months from the date of loss.

**Time of Payment:** We will pay all claims due as soon as We have valid proof.

**Payment of Claims:** We will pay the benefits to You, unless You assign the benefits to another. If, at the time of Your death, there is an unpaid benefit, We will pay it to Your estate; however, We may pay up to \$1,000 of it to any relative by blood or connection by marriage We find entitled. Our obligation is satisfied to the extent of such payment.

### **DEFINITIONS**

**Accident** means accidental bodily injury sustained by You, which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause, and occurs while Your Policy is in force.

**Calendar Year** is as defined in the Medicare program.

**Hospice Care** is as defined in the Medicare program.

**Hospital** is as defined in the Medicare program.

**Medicare** means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended, or Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof.

**Medicare Benefit Period** is as defined in the Medicare program.

**Medicare Eligible Expenses** means expenses of the kinds covered by Medicare Parts A and B to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** is as defined in the Medicare program.

**Respite Care** is as defined in the Medicare program.

**Sickness** means Your illness or disease.

**Skilled Nursing Facility** is as defined in the Medicare program.

## **GENERAL PROVISIONS**

**Time Limit on Certain Defenses:** After two years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by the applicant in the Application for such Policy shall be used to void the Policy or to deny a claim for loss incurred after the expiration of such two-year period.

No claim for loss commencing after the Policy Effective Date should be reduced or denied on the grounds that a disease or physical condition existed prior to the Policy Effective Date.

**Misstatement Of Age:** If Your age was misstated and a different premium would have been charged, the benefits will be adjusted to what the premium paid would have purchased using the correct age.

**Refund of Unearned Premiums:** If You die while Your policy is in force, We will refund any unearned premium paid for any period beyond the end of the policy month in which the death occurred. Any unearned premium will be paid no later than 30 days after We receive proof of Your death.

**Legal Actions:** You can't bring a legal action to recover under the Policy: (a) until 60 days after You have given written proof of loss, or (b) more than three years after the date proof of loss is required.

**Other Insurance With This Company:** You may have only one Medicare Supplement Policy with us. If, in error, We issue more than one, You, Your beneficiary, or Your estate may select the Policy to remain in force. We will refund the money You paid on the other Policy, less the amount of claims paid.

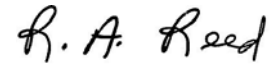
**Conformity With State Statutes:** Any provision of this Policy in conflict with the laws of the state where You reside on its Effective Date is Amended to the minimum requirements of those laws.

**Policy Issue - First Premium:** If the First Premium shown in the Schedule has been paid, this Policy goes into effect on the Effective Date shown in the Schedule.

**Periods of Insurance:** All periods of insurance begin and end at 12:01 A.M., Standard Time at Your residence.

**Dividends:** This Policy is non-participating and does not pay dividends.

Physicians Mutual Insurance Company,

A handwritten signature in black ink that reads "R. A. Reed". The signature is written in a cursive style with a large, stylized "R" and "A".

President

# **SCHEDULE**

## HIGH DEDUCTIBLE PLAN F

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	06/01/2010		
First Renewal Date	07/01/2010		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:  John Q. Doe	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
	*Semi-Annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

The High Deductible amount for the year [2010] is [\$2,000.00]  
This amount will be adjusted annually.

High Deductible Plan F pays the following benefits after the High  
Deductible has been met for the Calendar Year.

### PART A BENEFITS -

Part A deductible amount per Medicare  
Benefit Period

Co-insurance – 61<sup>st</sup> to 90<sup>th</sup> day

Co-insurance – 91<sup>st</sup> to 150<sup>th</sup> day  
(Lifetime reserve days)

Pays the same benefits that Medicare was  
paying when benefits exhausted  
(Maximum of 365 days)

Co-insurance for Skilled Nursing  
Facility Care – 21<sup>st</sup> to 100<sup>th</sup> day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the High Deductible Plan F  
Medicare Supplement Policy. See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [The effective date shown above.]

\*Subject to premium changes provision.

### PART B BENEFITS -

Part B deductible

Generally 20% of Medicare Eligible Expenses  
(Subject to Medicare Part B deductible)

100% of the Medicare Part B Excess Charges

First three pints of blood

Foreign Travel Emergency medical benefits –  
80% to a lifetime maximum of \$50,000

## HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER

This Rider is made a part of the Medicare Supplement Plan F Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. This Rider is effective on the Effective Date of Your Policy.

### DEFINITIONS

In addition to the **DEFINITIONS** in the Policy, the following definitions apply:

**High Deductible** means the amount of out-of-pocket expenses, other than premiums, You are required to pay each Calendar Year before the benefits of the Policy are payable. Out-of-pocket expenses are the expenses which, in the absence of the High Deductible, would be paid by the Policy. These expenses include the Medicare Part A and Part B Deductibles, but do not include the separate Foreign Travel Emergency deductible. The High Deductible amount will be adjusted annually by the Secretary of the United States Department of Health and Human Services. The High Deductible for the Calendar Year in which this Rider is issued is shown on the Policy Schedule.

**High Deductible Elimination Date** is the date Your Policy benefits are no longer subject to the High Deductible as defined by this Rider. This date will be January 1 following your third policy anniversary. The exact date including the year is shown on the Policy Schedule.

### AMENDMENT TO PLAN F BENEFITS

This Amendment only applies prior to the High Deductible Elimination Date and while this Rider is in force.

The following is added to the **BENEFITS** provision of Your Policy:

We will pay the **BASIC BENEFITS** and **ADDITIONAL BENEFITS** for the Medicare Eligible Expenses You incur after You satisfy the High Deductible for each Calendar Year.

### PREMIUM DISCOUNT

This Rider provides a premium discount for as long as this Rider is in force, both before and after the High Deductible Elimination Date. The premium You pay for the Policy with this Rider will always be less than Our standard Plan F policy premium for policies of this form and class in the State where You live. Your premium with or without this Rider is subject to the Premium Changes provision of Your Policy.

### TERMINATION

You may terminate this Rider prior to the High Deductible Elimination Date. Your termination request must be in writing. If you terminate this Rider prior to the High Deductible Elimination Date, the High Deductible and the premium discount will no longer apply to future expenses and premiums. No underwriting is required for elimination of the High Deductible.

Additionally, this Rider will terminate upon termination of the Policy.

Physicians Mutual Insurance Company,



**Medicare Supplement Application to  
PHYSICIANS MUTUAL INSURANCE COMPANY©  
2600 Dodge Street • Omaha, Nebraska 68131**

Policy No. \_\_\_\_\_

Source I.D. \_\_\_\_\_

Please print the following information.

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Initial Last Mo. Day Yr.

Street \_\_\_\_\_ Apt. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Area Code

E-mail address (optional) \_\_\_\_\_

Applicant's Medicare Health Insurance Claim Number (HICN) \_\_\_\_\_  
*(exactly as shown on your Medicare card)*

☐ Annual ☐ Quarterly ☐ Semi-annual ☐ Monthly ☐ ABW TYPE 1

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Date of Application Effective Date Premium Collected Modal Premium

Type of coverage applied for:

- ☐ PLAN A/P020 ☐ PLAN G/P026 ☐ HIGH DEDUCTIBLE PLAN F/P027  
☐ PLAN F/P025 WITHOUT HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER/B345  
 Rating Structure: (10)  
☐ PLAN F/P025 WITH HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER/B345  
 Rating Structure: (20)

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for Guaranteed Issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge:

YES NO

1. Are you enrolled in Part A and Part B of Medicare? ..... ☐ ☐

2. Did you turn age 65 in the last 6 months? ..... ☐ ☐

Have you enrolled in Medicare Part B for the first time in the last six months? ..... ☐ ☐

If yes, you do NOT need to answer questions 7-21. If yes, please show date of enrollment  
 (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Are you covered for medical assistance through the state Medicaid program? ..... ☐ ☐

**NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.**

If yes:

a. Will Medicaid pay your premiums for this Medicare Supplement policy? ..... ☐ ☐

b. Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium? ..... ☐ ☐





	YES	NO
<b>15.</b> Within the past 2 years have you been diagnosed with, told by a medical professional that you have, or have you been treated for any of the following:		
• alcoholism; drug addiction (or drug abuse) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• internal cancer; leukemia; malignant melanoma; . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• congestive heart failure; valvular heart disease; coronary artery disease; heart rhythm disorder; heart attack; heart surgery (includes bypass, balloon surgery, or placement of an arterial stent); . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• insulin dependent diabetes; . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• systemic lupus erythematosus (SLE); . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• multiple sclerosis; Amyotrophic Lateral Sclerosis (ALS); Parkinson's Disease; . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• fractures or amputation caused by disease; degenerative bone disease; severe arthritis involving major joints (hip, knee or shoulder) or the spine; . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• liver disease; chronic kidney disorder; kidney failure; kidney dialysis; . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• chronic obstructive pulmonary disease (COPD) or emphysema; . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• an illness or condition for which you use oxygen; . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• stroke; transient ischemic attack (TIA); . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: If you answered "YES" to any of questions 7-15, you will not qualify for coverage.</b>		
<b>16.</b> Please provide your height _____ and weight _____.		
<b>17.</b> Have you used tobacco products in the past 12 months? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b> Do you have a Chronic Lung Disease, Chronic Bronchitis, or Breathing Disorder? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b> In the past 12 months have you received medical treatment in an assisted living facility? . . . . If yes, please explain	<input type="checkbox"/>	<input type="checkbox"/>
<b>20.</b> Do you have a mental disease or disorder requiring medication (including depression)? . . . .	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO			
<b>21.</b> In the past 12 months, have you taken or been advised to take any prescription drugs, over the counter drugs, or medicines including narcotics, barbiturates or amphetamines? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
If "YES," indicate the specifics below:					
Medication Name	Quantity Taken	Dosage	Prescribing Physician	Illness for Which Medication Prescribed	Date Last Prescribed

### IMPORTANT STATEMENTS TO BE READ BY APPLICANT

- (1) You do not need more than one Medicare Supplement policy.
- (2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- (3) You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
- (4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- (5) If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- (6) Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

The Undersigned applicant and agent certify that the applicant has read, or had read to him or her, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

I represent and agree that all information stated in this application is complete and correct to the best of my knowledge.

**Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant

Date Application Completed

Mo. Day Yr

Dated at

City State

I represent and agree that I have truly and accurately recorded in this application all information supplied by the applicant and personally witnessed (his-her) signature.

This policy ☐ does replace ☐ does not replace any insurance presently in force.

Signature of Licensed Resident Agent(s)

Signature of Licensed Resident Agent(s)

Print Name of Licensed Resident Agent(s)

Print Name of Licensed Resident Agent(s)

NPN of Licensed Resident Agent(s)

NPN of Licensed Resident Agent(s)

**TO BE FILLED OUT BY AGENT**

1. List any other health insurance policies you have sold the applicant which are still in force:

2. List any other health insurance policies you have sold the applicant in the past five (5) years which are no longer in force:

## Physicians Mutual Insurance Company

### Benefit Chart of Medicare Supplement Plans Sold For Effective Dates on or After June 1, 2010.

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state.

Plans E, H, I, and J are no longer available for sale.

#### Basic Benefits:

- **Hospitalization** - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses** - Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood** - First three pints of blood each year.
- **Hospice** - Part A coinsurance.

A	B	C	D	F	F*	F**	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*			Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			Skilled Nursing Facility Coinsurance				
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible			Part A Deductible				
		Part B Deductible		Part B Deductible				50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
				Part B Excess (100%)			Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
										Foreign Travel Emergency	Foreign Travel Emergency
								Out-of-Pocket limit \$[4620]; paid at 100% after limit reached	Out-of-Pocket limit \$[2310]; paid at 100% after limit reached		

**\*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2000] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses exceed \$[2000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan’s separate Foreign Travel Emergency deductible.**

**\*\*A High Deductible Premium Discount Rider is also available to add to Plan F. The addition of this Rider will provide the same benefits as a standard High Deductible Plan F from the effective date of the policy until the Deductible Elimination Date as defined on the Policy Schedule. On or after the Deductible Elimination Date, the benefits provided will be standard Plan F benefits. If you terminate the rider prior to the Deductible Elimination Date, the benefits revert to standard Plan F benefits.**

AUTOMATIC BANK WITHDRAWAL RATES*											
AREA E											
Non-Tobacco Rates						Tobacco Rates					
Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G
65-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	65-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]

AUTOMATIC BANK WITHDRAWAL RATES*											
AREA F											
Non-Tobacco Rates						Tobacco Rates					
Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G
65-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	65-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]

AUTOMATIC BANK WITHDRAWAL RATES*											
AREA H											
Non-Tobacco Rates						Tobacco Rates					
Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G
65-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	65-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]

To calculate monthly premiums, first apply all discounts and then add \$5.00 to the A.B.W. premium. For other modes, first apply all discounts and then multiply the A.B.W. premium by the following factors: Annual-12, Semi-annual-6, Quarterly-3.

\* See Premium Information regarding LTC, Annuity, and Household discounts.

\*\* Rider is the High Deductible Premium Discount Rider, an optional rider only available with Plan F.

Arkansas ZIP CODE GUIDE PLANS A, F, and HDF		
Zip Code Start	Zip Code End	Area Indicator
71600	71899	E
71900	72199	F
72200	72299	H
72300	72999	E

Arkansas ZIP CODE GUIDE PLAN G		
Zip Code Start	Zip Code End	Area Indicator
71600	71899	E
71900	72199	F
72200	72299	H
72300	72999	E

## **PREMIUM INFORMATION**

We, Physicians Mutual Insurance Company, can only raise your premium if we raise the premium for all policies of this form and class in your state, or if you no longer qualify for a premium discount. Premiums never increase because of age, but can receive increases to cover changes in Medicare benefits and inflation.

## **LTC, ANNUITY, AND HOUSEHOLD DISCOUNTS**

We provide a discount off your Medicare Supplement premium if you own a Long-Term Care policy or an Annuity from Physicians Mutual or Physicians Life Insurance Company that meets our requirements. The discount for your Medicare Supplement policy is 10% for Long-Term Care and 5% for an Annuity. If you reside with another person who owns a Medicare Supplement policy with Physicians Mutual or Physicians Life, we will provide you a \$5.00 per month Household discount off your Medicare Supplement premium. All discounts are applied prior to adding \$5.00 for monthly direct premiums if you select this mode. All these discounts may be used in conjunction with each other. The discounts will be removed if you no longer meet our requirements.

## **DISCLOSURES**

Use this outline to compare benefits and premiums among policies. **This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.**

## **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

## **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to Physicians Mutual, 2600 Dodge Street, Omaha, NE 68131. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

## **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

## **NOTICE**

This policy may not fully cover all of your medical costs. Neither Physicians Mutual nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

# PLAN A

## PHYSICIANS MUTUAL INSURANCE COMPANY MEDICARE SUPPLEMENT OUTLINE OF COVERAGE

P-020 Series

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,068]	\$0	\$[1,068] (Part A Deductible)
61st thru 90th day	All but \$[267] a day	\$[267] a day	\$0
91st day and after - While using 60 lifetime reserve days	All but \$[534] a day	\$[534] a day	\$0
Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
- Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[133.50] a day	\$0	Up to \$[133.50] a day
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**\*\*NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.



# PLAN A

## MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$[135] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[135] of Medicare Approved Amounts*	\$0	\$0	\$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints	\$0	All Costs	\$0
Next \$[135] of Medicare Approved Amounts*	\$0	\$0	\$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First \$[135] of Medicare Approved Amounts*	\$0	\$0	\$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

# PLAN F

## PHYSICIANS MUTUAL INSURANCE COMPANY MEDICARE SUPPLEMENT OUTLINE OF COVERAGE

P-020 Series

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,068]	\$[1,068] (Part A Deductible)	\$0
61st thru 90th day	All but \$[267] a day	\$[267] a day	\$0
91st day and after - While using 60 lifetime reserve days	All but \$[534] a day	\$[534] a day	\$0
Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
- Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[133.50] a day	Up to \$[133.50] a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**\*\*NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# PLAN F

## MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$[135] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charge</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints	\$0	All Costs	\$0
Next \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

# PLAN F

## OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

# PLAN G

## PHYSICIANS MUTUAL INSURANCE COMPANY MEDICARE SUPPLEMENT OUTLINE OF COVERAGE

P-020 Series

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,068]	\$[1,068] (Part A Deductible)	\$0
61st thru 90th day	All but \$[267] a day	\$[267] a day	\$0
91st day and after - While using 60 lifetime reserve days	All but \$[534] a day	\$[534] a day	\$0
Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
- Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[133.50] a day	Up to \$[133.50] a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**\*\*NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# PLAN G

## MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$[135] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$[135] of Medicare Approved Amounts*	\$0	\$0	\$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints	\$0	All Costs	\$0
Next \$[135] of Medicare Approved Amounts*	\$0	\$0	\$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First \$[135] of Medicare Approved Amounts*	\$0	\$0	\$[135] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

# PLAN G

## OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

# HIGH DEDUCTIBLE PLAN F

## PHYSICIANS MUTUAL INSURANCE COMPANY MEDICARE SUPPLEMENT OUTLINE OF COVERAGE

P-020 Series

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**\*\*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,000] DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,068]	\$[1,068] (Part A Deductible)	\$0
61st thru 90th day	All but \$[267] a day	\$[267] a day	\$0
91st day and after - While using 60 lifetime reserve days	All but \$[534] a day	\$[534] a day	\$0
Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0***
- Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[133.50] a day	Up to \$[133.50] a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

**\*\*\*NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.



# HIGH DEDUCTIBLE PLAN F

## MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$[135] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

**\*\*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,000] DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charge</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints	\$0	All Costs	\$0
Next \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

# HIGH DEDUCTIBLE PLAN F

## PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,000] DEDUCTIBLE,** YOU PAY
<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b>			
-Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

## OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,000] DEDUCTIBLE,** YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**PLAN F WITH HIGH  
DEDUCTIBLE PREMIUM  
DISCOUNT RIDER**

**PHYSICIANS MUTUAL INSURANCE COMPANY  
MEDICARE SUPPLEMENT  
OUTLINE OF COVERAGE**

P-020 Series

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**\*\*This Plan F with the High Deductible Premium Discount Rider pays the same benefits as standard Plan F after one has first paid a calendar year deductible (\$[2,000] in [2009], subject to change annually). Benefits will not begin until out-of-pocket expenses meet the deductible. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible. On or after the Deductible Elimination Date as defined on the Policy Schedule, the calendar year deductible is zero. Also, if you terminate the rider prior to the Deductible Elimination Date, the calendar year deductible is zero.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,068]	\$[1,068] (Part A Deductible)	\$0
61st thru 90th day	All but \$[267] a day	\$[267] a day	\$0
91st day and after - While using 60 lifetime reserve days	All but \$[534] a day	\$[534] a day	\$0
Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0***
- Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[133.50] a day	Up to \$[133.50] a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0

**\*\*\*NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN F WITH HIGH  
DEDUCTIBLE PREMIUM  
DISCOUNT RIDER**

**PART A Continued**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS</b>	<b>IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY</b>
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[135] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

**\*\*This Plan F with the High Deductible Premium Discount Rider pays the same benefits as standard Plan F after one has first paid a calendar year deductible (\$[2,000 in 2009], subject to change annually). Benefits will not begin until out-of-pocket expenses meet the deductible. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible. On or after the Deductible Elimination Date as defined on the Policy Schedule, the calendar year deductible is zero. Also, if you terminate the rider prior to the Deductible Elimination Date, the calendar year deductible is zero.**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS</b>	<b>IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY</b>
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charge</b> (Above Medicare Approved Amounts)	\$0	100%	\$0

**PLAN F WITH HIGH  
DEDUCTIBLE PREMIUM  
DISCOUNT RIDER**

**PART B Continued**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS</b>	<b>IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY</b>
<b>BLOOD</b> First 3 pints	\$0	All Costs	\$0
Next \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS</b>	<b>IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY</b>
<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**PLAN F WITH HIGH  
DEDUCTIBLE PREMIUM  
DISCOUNT RIDER**

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS</b>	<b>IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY</b>
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

<i>SERFF Tracking Number:</i>	<i>PHYS-126220183</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>42859</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>2010 Med Supp Plans</i>		
<i>Project Name/Number:</i>	<i>2010 Med Supp Plans/2010 Med Supp Plans</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PHYS-126220183 State: Arkansas

Filing Company: Physicians Mutual Insurance Company State Tracking Number: 42859

Company Tracking Number:

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
Standard Plans 2010

Product Name: 2010 Med Supp Plans

Project Name/Number: 2010 Med Supp Plans/2010 Med Supp Plans

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	P020-AR-050109	P020AR	New		P020AR Exhibits.pdf
Approved	P025-AR-050109, P027-AR-050109, B345-AR-050109	B345, P025AR, P027AR	New		P025AR_P027AR_B345 Exhibits.pdf
Approved	P026-AR-050109	P026AR	New		P026AR Exhibits.pdf



# **Exhibit A**

Proposed

Issue Age

Rate Table

PHYSICIANS MUTUAL INSURANCE COMPANY  
Table of Rates  
Medicare Supplement Policy

PLAN A  
ARKANSAS  
2010

Automatic Bank Withdrawal  
Base Premiums

Age	Agency Issue Age
65-99	\$ 136.60

Please refer to AREA-PMIC-070109 for areas and factors.

Please refer to MS-DISCOUNT-STD-040709 for discounts.

To obtain Monthly rates, add \$5 to the above-quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6, and 12 respectively.

P020-AR-050109

# **Exhibit B**

Schedule

for

Zip Codes

and

Area Factors

Physicians Mutual Insurance Company

Omaha, Nebraska  
MEDICARE SUPPLEMENT  
AREA RATING ZIP CODES  
AGENT SOLICITED BUSINESS

Plans A, F and HDF																									
Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00
521, 538 545-547	500-516 520, 522-525 527-528 535, 537, 539 540, 544 548-549 656-658	386-388 390-393 396-397 526, 541-543 559, 613, 634 636-639 654, 655 683-684 686, 688-693 843-844, 847 976, 978-979	170-174 224-225 227-231, 238 240-241 243-245 389 437-438, 446 449, 460, 461 465-468, 470 472-475, 499 530, 550, 553 556-558 560-567 570-577 580-588 590-599 635, 646, 648 685, 687, 748 840-842 873-874 877-884 973-975, 977 995-999	030-038 254, 257 261-268 290-291, 293 296-298 377-383, 385 394 403-427 430, 432-433 448, 456-458 462, 469, 471 476-479 490-491 494-495 498, 551 554, 609-612 614-616 617-619 623-629 644-645 650, 652-653 666, 716-718 723-729, 730 734-741 743-747, 749 797-798, 803 807-809 810-816 820-831 839, 845-846 870, 875, 942 955-958, 982 986, 988-991 993-994	164-169, 177 199 249-253 255-256 260, 270-289 292, 294-295 299, 304-310 317-319 356-369 371 373-376, 384 398, 400 431, 434-435 439, 442 447, 451 453-455 463-464 493, 496-497 531-532, 534 630-631, 633 647, 651 664-665 667-681 712-713 719-721 731 766, 767 768-769 790-792 795-796, 799 871-872 893, 898 967-968 970-972 980-981 983-985, 992	354-355 370 372, 401-402 660-662 705-706, 710 755-756 758-759 763-765 778-781 783-789 793, 805 850, 852-853 855-857, 859 860, 863 864-865 894-895, 897 959-961	197-198 226, 232, 239 301-302 312-316, 323 350-352, 395 258-259, 300 399, 703, 704 750-753, 757 324-326, 344 773, 774, 777 953-954	201, 220-223 226, 232, 239 301-302 312-316, 323 350-352, 395 258-259, 300 399, 703, 704 750-753, 757 324-326, 344 773, 774, 777 953-954	770, 772 775, 889, 891	322 328-329, 337 339, 346 484-485	700 701														

All Other Plans																									
Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00
521, 538 545-547	500-516 520, 522-525 527-528 535, 537, 539 540, 544 548-549 656-658	386-388 390-393 396-397 446, 460-461 526, 541-543 559, 613 634, 636-639 683-684 654, 655 686, 688-693 843-844, 847 973-979	170-174 224-225 227-231 238, 240-241 243-245, 389 410 430, 432 437-438, 449 462, 465-468 470 472-475, 479 499, 530, 550 553, 556-558 560-567 570-577 580-588 590-599 635, 646, 648 685, 687, 730 740-741, 748 814-816 840-842, 870 873-874 877-880 881-882 883-884 995-999	030-038 254, 257 261-268 290-291, 293 296-298 365-366, 371 376-383, 385 394, 400 403-409 411-427 431, 433 434-435, 448 453-454 456-458 469, 471 476-478 490-491 494-495, 498 551, 554 609-612 614-616 617-619 623-629 644-645, 650 652-653, 666 681, 716-718 723-729, 731 734-739 743-747, 749 797-798, 803 807-813 820-831 839 845-846 871-872, 875 942, 955-958 970-972 982, 986 988-991 993-994	164-169 199 177, 249-253 255-256, 260 270-289, 292 294-295, 299 304-310 317-319 356-364 367-370 372-375 384, 398 401-402 439, 442 447, 451 455, 463, 464 493, 496-497 531-532, 534 630-631 633, 647, 651 660-662 664-665 667-680 712-713 719-721 765-769 780-781 790-792 795-796, 799 805 850, 852-853 893, 898 967-968 980-981 983-985, 992	350-352 354-355, 440 605, 620, 622 705-706 710, 755-756 758-759 763-764 776, 778-779 782-789 793, 800-802 804, 806 855-857, 859 860, 863-865 894-895, 897 930-932, 934 936-939 950-952 959-961	197-198, 201 220-223, 242 301-302 312-316, 323 395, 441 443-445, 450 452, 488-489 492 600-604 606-608, 640 707-708, 722 760-762 930-932, 934 936-939 950-952 959-961	150-163 233-237, 320 327, 335-336 178-196 338, 342 347, 775 922-925, 933 935, 945-949 953-954	770, 772 889, 891	322 328-329, 337 339, 346 484-485 700	701				330-334 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944								

# **Exhibit C**

Schedule

For

Discounts

**PHYSICIANS MUTUAL INSURANCE COMPANY**

2600 DODGE STREET  
OMAHA, NEBRASKA 68131

**MEDICARE SUPPLEMENT  
AVAILABLE DISCOUNTS  
AGENT SOLICITED BUSINESS**

<u>Discount</u>	<u>Amount</u>
Non-Tobacco Discount Only	10%
Long-Term Care Discount Only	10%
Annuity Discount Only	5%
Non-Tobacco Discount with Long-Term Care Discount	20%
Non-Tobacco Discount with Annuity Discount	15%
Long-Term Care Discount with Annuity Discount	15%
Non-Tobacco Discount with Long-Term Care, and Annuity Discounts	25%
Medicare Supplement Household Discount	\$5 per Month

MS-DISCOUNT-STD-040709

# **Exhibit A**

Proposed

Issue Age

Rate Tables

PHYSICIANS MUTUAL INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

PLAN F

ARKANSAS

2010

Automatic Bank Withdrawal

Base Premiums

Age	Agency Issue Age
65-99	\$ 242.74

Please refer to AREA-PMIC-01 F09 for areas and factors.

Please refer to MS-DISCOUNT-STD-040709 for discounts.

To obtain Monthly rates, add \$5 to the above-quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6, and 12 respectively.

P025-AR-050109



PHYSICIANS MUTUAL INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

High Deductible Plan F

ARKANSAS

2010

Automatic Bank Withdrawal

Base Premiums

Age	Agency Issue Age
65-99	\$ 89.89

Please refer to AREA-PMIC-01 F09 for areas and factors.

Please refer to MS-DISCOUNT-STD-040709 for discounts.

To obtain Monthly rates, add \$5 to the above-quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6, and 12 respectively.

P027-AR-050109

PHYSICIANS MUTUAL INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

B345

ARKANSAS

2010

Automatic Bank Withdrawal

Base Premiums

Age	Agency Issue Age
65-99	\$ (72.82)

Please refer to AREA-PMIC-01 F09 for areas and factors.

Please refer to MS-DISCOUNT-STD-040709 for discounts.

Monthly rates equal Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6, and 12 respectively.

B345-AR-050109

# **Exhibit B**

Schedule

for

Zip Codes

and

Area Factors

Physicians Mutual Insurance Company

Omaha, Nebraska  
MEDICARE SUPPLEMENT  
AREA RATING ZIP CODES  
AGENT SOLICITED BUSINESS

Plans A, F and HDF

Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00
521, 538 545-547	500-516 520, 522-525 527-528 535, 537, 539 540, 544 548-549 656-658	386-388 390-393 396-397 526, 541-543 559, 613, 634 636-639 654, 655 683-684 686, 688-693 843-844, 847 976, 978-979	170-174 224-225 227-231, 238 240-241 243-245 389 437-438, 446 449, 460, 461 465-468, 470 472-475, 499 530, 550, 553 556-558 560-567 570-577 580-588 590-599 635, 646, 648 685, 687, 748 840-842 873-874 877-884 973-975, 977 995-999	030-038 254, 257 261-268 290-291, 293 296-298 377-383, 385 394 403-427 430, 432-433 448, 456-458 462, 469, 471 476-479 490-491 494-495 498, 551 554, 609-612 614-616 617-619 623-629 644-645 650, 652-653 666, 716-718 723-729, 730 734-741 743-747, 749 797-798, 803 807-809 810-816 820-831 839, 845-846 870, 875, 942 955-958, 982 986, 988-991 993-994	164-169, 177 199 249-253 255-256 260, 270-289 292, 294-295 299, 304-310 763-765 778-781 783-789 776, 782 714, 754 760-762	354-355 370 372, 401-402 350-352, 395 705-706, 710 755-756 758-759 600-608, 620 486-487, 641 622, 640, 722 800-802 804, 806 855-857, 859 860, 863 864-865 894-895, 897	197-198 301-302 312-316, 323 350-352, 395 440, 443-445 303, 311, 321 750-753, 757 935, 945-949 953-954	233-237, 320 226, 232, 239 175-176 327, 335-336 178-196 338, 342, 347 328-329, 337 339, 346 345, 348-349 480-483	770, 772 775, 889, 891			322 328-329, 337 339, 346 484-485	700 701				330-334 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944						

All Other Plans

Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00
521, 538 545-547	500-516 520, 522-525 527-528 535, 537, 539 540, 544 548-549 656-658	386-388 390-393 396-397 446, 460-461 526, 541-543 559, 613 634, 636-639 683-684 654, 655 686, 688-693 843-844, 847 973-979	170-174 224-225 227-231 238, 240-241 243-245, 389 410 430, 432 437-438, 449 462, 465-468 470 472-475, 479 499, 530, 550 553, 556-558 560-567 570-577 580-588 590-599 635, 646, 648 685, 687, 730 740-741, 748 814-816 840-842, 870 873-874 877-880 881-882 883-884 995-999	030-038 254, 257 261-268 177, 249-253 255-256, 260 296-298 365-366, 371 376-383, 385 394, 400 403-409 411-427 431, 433 434-435, 448 453-454 456-458 469, 471 476-478 490-491 494-495, 498 551, 554 609-612 614-616 617-619 623-629 644-645, 650 652-653, 666 681, 716-718 723-729, 731 734-739 743-747, 749 797-798, 803 807-813 820-831 839 845-846 871-872, 875 942, 955-958 970-972 982, 986 988-991 993-994	164-169 199 350-352 220-223, 242 246-248 605, 620, 622 705-706 710, 755-756 758-759 304-310 763-764 776, 778-779 356-364 782-789 367-370 793, 800-802 804, 806 384, 398 855-857, 859 860, 863-865 894-895, 897	350-352 220-223, 242 246-248 605, 620, 622 705-706 710, 755-756 758-759 304-310 763-764 776, 778-779 356-364 782-789 367-370 793, 800-802 804, 806 384, 398 855-857, 859 860, 863-865 894-895, 897	197-198, 201 220-223, 242 246-248 301-302 312-316, 323 303, 311, 321 399, 757, 773 794	150-163 233-237, 320 327, 335-336 178-196 338, 342 347, 775 922-925, 933 935, 945-949 953-954	770, 772 889, 891			322 328-329, 337 339, 346 484-485 700	701				330-334 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944						

# **Exhibit C**

Schedule

For

Discounts

**PHYSICIANS MUTUAL INSURANCE COMPANY**

2600 DODGE STREET  
OMAHA, NEBRASKA 68131

**MEDICARE SUPPLEMENT  
AVAILABLE DISCOUNTS  
AGENT SOLICITED BUSINESS**

<u>Discount</u>	<u>Amount</u>
Non-Tobacco Discount Only	10%
Long-Term Care Discount Only	10%
Annuity Discount Only	5%
Non-Tobacco Discount with Long-Term Care Discount	20%
Non-Tobacco Discount with Annuity Discount	15%
Long-Term Care Discount with Annuity Discount	15%
Non-Tobacco Discount with Long-Term Care, and Annuity Discounts	25%
Medicare Supplement Household Discount	\$5 per Month

MS-DISCOUNT-STD-040709

# **Exhibit A**

Proposed

Issue Age

Rate Table

PHYSICIANS MUTUAL INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

PLAN G

ARKANSAS

2010

Automatic Bank Withdrawal

Base Premiums

Age	Agency Issue Age
65-99	\$ 187.62

Please refer to AREA-PMIC-01 F09 for areas and factors.

Please refer to MS-DISCOUNT-STD-040709 for discounts.

To obtain Monthly rates, add \$5 to the above-quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6, and 12 respectively.

P026-AR-050109



# **Exhibit B**

Schedule

for

Zip Codes

and

Area Factors

Physicians Mutual Insurance Company

Omaha, Nebraska  
MEDICARE SUPPLEMENT  
AREA RATING ZIP CODES  
AGENT SOLICITED BUSINESS

Plans A, F and HDF

Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00
521, 538 545-547	500-516 520, 522-525 527-528 535, 537, 539 540, 544 548-549 656-658	386-388 390-393 396-397 526, 541-543 559, 613, 634 636-639 654, 655 683-684 686, 688-693 843-844, 847 976, 978-979	170-174 224-225 227-231, 238 240-241 243-245 389 437-438, 446 449, 460, 461 465-468, 470 472-475, 499 530, 550, 553 556-558 560-567 570-577 580-588 590-599 635, 646, 648 685, 687, 748 840-842 873-874 877-884 973-975, 977 995-999	030-038 254, 257 261-268 290-291, 293 296-298 377-383, 385 394 403-427 430, 432-433 448, 456-458 462, 469, 471 476-479 490-491 494-495 498, 551 554, 609-612 614-616 617-619 623-629 644-645 650, 652-653 666, 716-718 723-729, 730 734-741 743-747, 749 797-798, 803 807-809 810-816 820-831 839, 845-846 870, 875, 942 955-958, 982 986, 988-991 993-994	164-169, 177 199 249-253 255-256 260, 270-289 292, 294-295 299, 304-310 317-319 356-369 371 373-376, 384 398, 400 431, 434-435 439, 442 447, 451 453-455 463-464 493, 496-497 531-532, 534 630-631, 633 647, 651 664-665 667-681 712-713 719-721 731 766, 767 768-769 790-792 795-796, 799 871-872 893, 898 967-968 970-972 980-981 983-985, 992	354-355 370 372, 401-402 660-662 705-706, 710 755-756 758-759 763-765 778-781 783-789 793, 805 850, 852-853 855-857, 859 860, 863 864-865 894-895, 897 959-961	197-198 226, 232, 239 301-302 312-316, 323 350-352, 395 705-706, 710 755-756 758-759 763-765 778-781 783-789 793, 805 850, 852-853 855-857, 859 860, 863 864-865 894-895, 897 959-961	201, 220-223 226, 232, 239 301-302 312-316, 323 350-352, 395 705-706, 710 755-756 758-759 763-765 778-781 783-789 793, 805 850, 852-853 855-857, 859 860, 863 864-865 894-895, 897 959-961	150-163 233-237, 320 327, 335-336 178-196 258-259, 300 399, 703, 704 750-753, 757 324-326, 344 773, 774, 777 953-954	770, 772 775, 889, 891	322 328-329, 337 339, 346 484-485	700	701				330-334 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944						

All Other Plans

Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00
521, 538 545-547	500-516 520, 522-525 527-528 535, 537, 539 540, 544 548-549 656-658	386-388 390-393 396-397 446, 460-461 526, 541-543 559, 613 634, 636-639 683-684 654, 655 686, 688-693 843-844, 847 973-979	170-174 224-225 227-231 238, 240-241 243-245, 389 410 430, 432 437-438, 449 462, 465-468 470 472-475, 479 499, 530, 550 553, 556-558 560-567 570-577 580-588 590-599 635, 646, 648 685, 687, 730 740-741, 748 814-816 840-842, 870 873-874 877-880 881-882 883-884 995-999	030-038 254, 257 261-268 290-291, 293 296-298 365-366, 371 376-383, 385 394, 400 403-409 411-427 431, 433 434-435, 448 453-454 456-458 469, 471 476-478 490-491 494-495, 498 551, 554 609-612 614-616 617-619 623-629 644-645, 650 652-653, 666 681, 716-718 723-729, 731 734-739 743-747, 749 797-798, 803 807-813 820-831 839 845-846 871-872, 875 942, 955-958 970-972 982, 986 988-991 993-994	164-169 199 177, 249-253 255-256, 260 270-289, 292 294-295, 299 304-310 317-319 356-364 367-370 372-375 384, 398 401-402 439, 442 447, 451 455, 463, 464 493, 496-497 531-532, 534 630-631 633, 647, 651 660-662 664-665 667-680 712-713 719-721 765-769 780-781 790-792 795-796, 799 805 850, 852-853 893, 898 967-968 980-981 983-985, 992	350-352 354-355, 440 605, 620, 622 705-706 710, 755-756 758-759 763-764 776, 778-779 782-789 793, 800-802 804, 806 855-857, 859 860, 863-865 894-895, 897 930-932, 934 936-939 950-952 959-961	197-198, 201 220-223, 242 301-302 312-316, 323 395, 441 443-445, 450 452, 488-489 492 600-604 606-608, 640 707-708, 722 760-762 930-932, 934 936-939 950-952 959-961	226, 232, 239 246-248 258-259, 300 178-196 399, 757, 773 794	150-163 233-237, 320 327, 335-336 178-196 338, 342 347, 775 922-925, 933 935, 945-949 953-954	770, 772 889, 891	322 328-329, 337 339, 346 484-485 700	701					330-334 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944						

# **Exhibit C**

Schedule

For

Discounts

**PHYSICIANS MUTUAL INSURANCE COMPANY**

2600 DODGE STREET  
OMAHA, NEBRASKA 68131

**MEDICARE SUPPLEMENT  
AVAILABLE DISCOUNTS  
AGENT SOLICITED BUSINESS**

<u>Discount</u>	<u>Amount</u>
Non-Tobacco Discount Only	10%
Long-Term Care Discount Only	10%
Annuity Discount Only	5%
Non-Tobacco Discount with Long-Term Care Discount	20%
Non-Tobacco Discount with Annuity Discount	15%
Long-Term Care Discount with Annuity Discount	15%
Non-Tobacco Discount with Long-Term Care, and Annuity Discounts	25%
Medicare Supplement Household Discount	\$5 per Month

MS-DISCOUNT-STD-040709

SERFF Tracking Number: PHYS-126220183 State: Arkansas  
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 42859  
Company Tracking Number:  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
Standard Plans 2010  
Product Name: 2010 Med Supp Plans  
Project Name/Number: 2010 Med Supp Plans/2010 Med Supp Plans

## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification **Review Status:** Accepted for Informational Purposes 08/12/2009

**Comments:**

**Attachments:**

AR Cert.pdf

FLESCH Cert-AR.pdf

**Satisfied -Name:** Application **Review Status:** Approved 08/12/2009

**Comments:**

Please see Form Schedule

**Satisfied -Name:** Outline of Coverage **Review Status:** Approved 08/12/2009

**Comments:**

Please see Form Schedule.

**Physicians Life Insurance Company**

2600 Dodge Street  
Omaha, Nebraska 68131

**Certification**

**July 8, 2009**

RE: 2010 Medicare Supplement Plans - P020AR, P025AR, P026AR, P027AR, B345, A2010T-AR

This is to certify that the above captioned filing complies with the Arkansas Regulation 19 and all other applicable requirements of the Arkansas Insurance Department.



---

Allison A. Hurt

Fellow, Society of Actuaries

Member, American Academy of Actuaries

PHYSICIANS MUTUAL INSURANCE COMPANY

Certification of Flesch

These forms have the following Flesch Readability Scores:

P020AR	50.7
P025AR	50.7
P026AR	50.7
P027AR	48.0
A2010T-AR	53.6
B345	46.5

The entire form is analyzed.

The following was excluded in the text: name and address of the insurer; name, number and title of the rider, captions and sub-captions; medical terminology; defined terms.



Shawn Pollock  
Vice President  
Government and Industry  
Physicians Mutual Ins. Co.

07/08/09  
Date